

OFFICE OF THE SUPERINTENDENT  
Office of Legal Affairs

27 March 12

TO: Juan Rivera  
Chief  
Internal Affairs Division

ATTN: Lt. Karen Konow


FROM: Sgt. Jeffrey R. Fronczak #2325  
Office of Legal Affairs

SUBJECT: IDHR Complaint

Reference: Initiation Report  
Log # 1052-144  
EEO # 2012- 04

Complainant, Michael KASPER, has filed additional charges of retaliation at the Equal Employment Opportunity Commission under charge number 440-2012-02173 on 20 Mar 2012 (See attached).

Please incorporate the additional charges into your ongoing investigation.

  
Sgt. Jeffrey R. Fronczak  
Office of Legal Affairs

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>CHARGE OF DISCRIMINATION</b><br>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.   |  | Charge Presented To: Agency(ies) Charge No(s):<br><input type="checkbox"/> FEPA<br><input checked="" type="checkbox"/> EEOC<br><div style="text-align: right;"><b>AMENDED</b><br/><b>440-2012-02173</b></div>  |                               |
| <b>Illinois Department of Human Rights</b> and EEOC<br><small>State or local Agency, if any</small>  |  |  |                               |
| Name (Indicate Mr., Ms., Mrs.)<br><b>Michael A. Kasper</b>   |  | Home Phone (Incl. Area Code)   | Date of Birth                 |
| Street Address   |  | City, State and ZIP Code   |                               |
|  |  |  |                               |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)   |  |  |                               |
| Name<br><b>CHICAGO POLICE DEPARTMENT</b>   |  | No. Employees, Members<br><b>500 or More</b>   | Phone No. (Include Area Code) |
| Street Address   |  | City, State and ZIP Code   |                               |
|  |  |  |                               |
| Name   |  | No. Employees, Members   | Phone No. (Include Area Code) |
|  |  |  |                               |
| Street Address   |  | City, State and ZIP Code   |                               |
|  |  |  |                               |
| DISCRIMINATION BASED ON (Check appropriate box(es).)<br><input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN<br><input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION<br><input type="checkbox"/> OTHER (Specify)   |  | DATE(S) DISCRIMINATION TOOK PLACE<br>Latest<br><b>03-16-2012</b><br><input checked="" type="checkbox"/> CONTINUING ACTION  |                               |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):<br><br><p>I began my employment on or about June 29, 1992. My most recent position was Patrolman. During my employment, I have been subjected to harassment, demotion, and denial of promotional opportunities. I requested an accommodation, which was not provided. Since February 12, 2012, I have been placed on medical roll against my will and my doctor's recommendation. Subsequently to filing the instant charge of discrimination, I have not been returned to work, whereas others who have not were returned to work.</p> <p>I believe I have been discriminated against because of my disability, and in retaliation for engaging in protected activity, in violation of the Americans with Disabilities Act of 1990, as amended.</p> |  |  |                               |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.<br><br>I declare under penalty of perjury that the above is true and correct.  |  | NOTARY - When necessary for State and Local Agency Requirements<br><br>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.<br>SIGNATURE OF COMPLAINANT<br><br>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE<br>(month, day, year) |                               |
| Date <u>3/20/12</u> Charging Party Signature <u>Michael Kasper</u>   |  |  |                               |



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Chicago District Office

500 West Madison Street, Suite 2000  
Chicago, IL 60661  
Chicago Direct Dial: (312) 869-8000  
Enforcement/File Disclosure Fax: (312) 869-8220

March 23, 2012

Hillina T. Tamrat  
Senior Counsel  
City of Chicago  
30 North LaSalle Street, Suite 1040  
Chicago, IL 60602

RE: EEOC Charge Number: 440-2012-02173 AMENDED  
Michael A. Kasper v. Chicago Police Department


2012 MAR 26 PM 11:37

Dear Ms. Tamrat:

Attached is a copy of the amended Charge of Discrimination in the above reference case. Respondent may provide any supporting documentation on the issues covered by the charge by April 23, 2012.

If you have any questions, please contact me via telephone at (312) 869-8029 or email at [jerry.zhang@eeoc.gov](mailto:jerry.zhang@eeoc.gov), I am available Monday through Friday from 9:00 a.m. to 5:00 p.m.

Your cooperation is appreciated,

  
Jerry Zhang  
Federal Investigator